



Montana Department of Public Health & Human Services
Food & Consumer Safety Section (406) 444-2408

Plan Review Application for Tattooing or Piercing Establishment

Contact Gallatin County (406) 582-3120 and Yellowstone County (406) 256-2770 directly for their program requirements

Establishment description:

- ☐ Tattooing ☐ Cosmetic Tattooing ☐ Body Piercing ☐ Ear Lobe Piercing Only
☐ New construction ☐ Remodel ☐ Existing facility
☐ Fixed location ☐ Mobile ☐ Temporary (Not more than 14 days at one location)

Temporary event dates _____ Event name _____

PLEASE PRINT

Licensee (Operator) Name _____ ☐ Tattooist ☐ Piercer

Age _____ Date of Birth _____ Photo ID # _____

Certification Dates for Bloodborne Pathogen Prevention _____ First Aid _____

Phone 1 _____ Phone 2 _____ E-mail _____

Establishment Name _____

Establishment Location Address _____

City _____ Zip Code _____ County _____

Phone _____ E-mail _____

Mailing Address (if different from establishment) _____

City _____ State _____ Zip Code _____

Previously licensed? ☐ No ☐ Yes Former name _____

License # _____ Last calendar year licensed _____

Water supply: ☐ Public, PWSID # _____ ☐ Private (include copy of test reports from certified lab)

Sewage treatment: ☐ Public, DEQ # _____ ☐ Private, permit # _____

Please enclose the following required documents with this plan review application:

- ☐ Photo ID copy (for all artists)
- ☐ Consent and client record forms (See ARM 37.112.142 and 37.112.144 for all of the required language, or the Sample Consent Form that can be modified for your establishment)
- ☐ Floor plan, including work rooms, waiting areas, bathrooms, sinks, doors, stairs, autoclave area, etc.)
- ☐ Spore test results from certified lab (if autoclave used)
- ☐ Water test results from certified lab (if not connected to a public water supply system)
- ☐ Documentation of training (copies of General Sanitation, First Aid & Bloodborne Pathogen Prevention certificates for all artists & owners, do not send originals)

Other Artists Working Within The Establishment (make extra copies of this page if necessary)

Name _____ ☐ Tattooist ☐ Piercer

Age _____ Date of Birth _____ Photo ID # _____

Certification Dates for Bloodborne Pathogen Prevention _____ First Aid _____

Phone 1 _____ Phone 2 _____ E-mail _____

Name _____ ☐ Tattooist ☐ Piercer

Age _____ Date of Birth _____ Photo ID # _____

Certification Dates for Bloodborne Pathogen Prevention _____ First Aid _____

Phone 1 _____ Phone 2 _____ E-mail _____

Business Manager or Other Contact Person

Name _____ Title _____

Phone 1 _____ Phone 2 _____ E-mail _____

Please check the appropriate boxes and fill in the blanks. Use "NA" to indicate if it is not applicable to your establishment.

BLOOD-BORNE PATHOGEN EXPOSURE CONTROL

Number of employees: _____ (Do not include business partners, independent workers or volunteers.)

If you have at least one employee, then OSHA standards 29 CFR 1910.1030 must be met.

STERILIZATION OF EQUIPMENT AND JEWELRY

Non-disposable instruments that come into contact with blood or body fluids

☐ are individually wrapped and autoclaved and/or

☐ come from the supplier individually wrapped and sterile.

Jewelry

☐ is individually wrapped and autoclaved and/or

☐ comes from the supplier individually wrapped and sterile.

Autoclave manufacturer _____ Model number _____

CLEANING AND ULTRASONIC USE

Type of soap/detergent used for cleaning non-disposable instruments: _____

Will an ultrasonic unit be used? ☐ Yes ☐ No

HANDLING AND DISPOSAL OF INFECTIOUS MATERIAL

All infectious waste (sharps, free-flowing blood or body fluids, items soaked in blood or body fluids) is disposed of by the following company_____

Waste (other than sharps) contaminated with blood or other bodily fluid must be placed in a garbage container labeled "BIOHAZARD" or have the universal biohazard symbol, lined with a strong leak proof plastic bag, tied to prevent leakage for handling, and placed in rigid leak proof containers for storage and transportation. This waste is considered contaminated but not "infectious". Examples are gloves, tissues, or ink cups. Once closed securely and removed from the work room, it can be placed with other regular garbage for disposal.

Name of licensed solid waste facility or company that garbage (other than infectious waste) is sent to:

_____ City_____

TOILETS AND HANDWASHING FACILITIES

Is the toilet room within 200 feet of the work room by pedestrian route? ☐ Yes ☐ No

Is the handwashing sink for the toilet room inside the room or within 10 feet of the door? ☐ Yes ☐ No

WORK ROOM

What type of barrier separates the work room from corridors, waiting areas, etc.?

Describe:_____

Is the handwashing sink in the work room? ☐ Yes ☐ No

If not in the work room, is the handwashing sink within 10 feet of the doorway? ☐ Yes ☐ No

If the handwashing sink is outside of work room, does doorway have a two-way self-closing door?

☐ Yes ☐ No

What type of flooring is in the work room? Describe:_____

TATTOOING

Describe how the transfer of the tattoo design will be done and what type of single use, disposable product will be used and any products applied to the skin as part of the procedure:

TEMPORARY OR MOBILE ESTABLISHMENT

Describe in detail where water will be obtained, how it will be stored and dispensed, and how wastewater will be collected and disposed of (space continued on next page):

LICENSE REQUIREMENT AND DISPLAY

- ❖ Notice: Once you receive your license, it must be displayed in view of your clients. The license is not transferable and is specific to the person and the location. If either the location or owner changes, a new license is required.
- ❖ Approval of these plans and specifications by the health authority does not indicate compliance with any other code, law or regulation that may be required, such as building code permits and inspections, fire and life safety inspections, and other business licenses. It further does not constitute endorsement or acceptance of the completed establishment. A pre-opening inspection with equipment and supplies will be necessary to determine compliance with the rules governing tattooing and/or piercing establishments.
- ❖ I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior permission from the health authority may nullify any approval from the health authority.
- ❖ I have read and understand ARM 37.112.102 through 37.112.167.

➤ Signature _____ Date _____

Please mail this completed application and all required documents to your county Environmental Health Office, if it is listed, below. The address can be found on our website at www.fcsmt.gov, or contact our office at (406) 444-2408.

Beaverhead County	Lake County (send to Flathead County)
Carbon County (send to RiverStone Health, Billings)	Madison County
Cascade County	Ravalli County
Dawson County	Rosebud County
Flathead County	Sanders County
Garfield County	Wibaux County
Central Montana Health District (Fergus, Golden Valley, Judith Basin, Musselshell and Petroleum Counties)	

For all other counties not listed, please mail to:
DPHHS/FCSS, PO Box 202951, Helena, MT 59620-2951.
★ Please ***do not*** send a check for the license fee at this time. ★

FCS 01/07/2014